ARIZONA STATE BUARD OF HEALTH State File No. 10	
: DIACE OF RIPTH	TAL STATISTICS Registered No.
STANDARD CERT	IFICATE OF BIRTH
County	State Greyon
District or Tambip Wriskelman	or Village Church
City No. St. Ward	
City	
? Full name of child O o doe o See [See See See See See See See See Se	
I. Sex of Child To be answered ONLY 4. Twin, triplet or other	
in event of plural births. 5. No., in order of birth.	7. Date of birth Nonth Day Year
; PATHER	14. MOTHER
Full name Jose marin Peres	Full maiden name Consche Rmas
Residence (Usual place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state.	If non-resident, give place and state.
0. Color or race	16 Color or race
11. Age at last birthday 23 (Years)	17. Age at last birthday 20 (Years)
	10 Pleshelses (situate sheet)
2. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
3. Occupation	19. Occupation
Nature of industry	Nature of industry
). Number of children of this mother	
Caken as of time of birth of child herein (b) Born alive b	ut now dead that it do not the state of the
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
hereby certify that I attended the birth of this child, who was	
* When there was no attending physician	
*When there was no attending physician ir midwife, then the father, householder, itc., should make this return. A stillborn	
hild is one that neither breathes nor hows other evidence of life after birth.	
·	(Physician midwile)
iven name added from supplemental report Montb, day, year	11 DOG GING
Piled //	or half (Thether
Registrar	Registrar
479-10	16-392